

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)						SERIAL NO. 97786001	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
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47							97				
48							98				
49							99				
50							100				
TOTAL IND.	0	0	0	0	0	0	TOTAL IND.	0	0	0	0
TOTAL DEP.	0	0	0	0	0	0	TOTAL DEP.	0	0	0	0
TOTAL CLAIMS	0	0	0	0	0	0	TOTAL CLAIMS	0	0	0	0

PTO-375 (3-75)

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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